



## Department of State

## Division of Charitable Solicitations &amp; Gaming

William R. Snodgrass Tennessee Tower  
312 Rosa L. Parks Avenue, 8<sup>th</sup> Floor  
Nashville, TN 37243

(615) 741-2555 / (615) 253-5173 - fax

## APPLICATION FOR REGISTRATION OF A PROFESSIONAL FUNDRAISING COUNSEL

**ALL REGISTRATIONS EXPIRE DECEMBER 31**

<b>INSTRUCTIONS:</b> Type or print your answers. <b>If an answer does not apply, write "N/A"</b> . Attach additional sheets if you are unable to answer in the space provided. A <b>nonrefundable</b> registration fee of \$250.00, payable to the State of Tennessee, must accompany this application.	<b>OFFICE USE ONLY</b>	
	Reg. No.	Date Received
	Fee Pd.	
	Rec. No.	

1. A. Name of organization: \_\_\_\_\_

B. List other names you currently use or previously used to conduct business:

\_\_\_\_\_

C. Federal Employer Identification Number: \_\_\_\_\_

D. Contact Name / Address: \_\_\_\_\_  
(name)

(Street)

(City/State)

(Zip)

(Phone)

(Fax)

(Email)

2. A. Principal Address: \_\_\_\_\_  
(Street)

(City)

(State)

(Zip)

B. Mailing Address: \_\_\_\_\_  
(Street)

(City)

(State)

(Zip)

C. List address of additional offices / places of operation in the State:

\_\_\_\_\_  
\_\_\_\_\_

3. A. Applicant is an Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

B. Year organized \_\_\_\_\_ State \_\_\_\_\_

4. List corporate officers and directors of corporation or unincorporated association; each partner in the partnership; or owner in sole proprietorship.

Name	Title	Address	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

5. A. List all current contracts to solicit funds in Tennessee between the fundraising counsel and nonprofit organizations. Describe the type of service provided. (e.g., telemarketing, direct mail, Internet, etc.)

1. Name / Address: \_\_\_\_\_  
Type of service: \_\_\_\_\_
2. Name / Address: \_\_\_\_\_  
Type of Service: \_\_\_\_\_
3. Name / Address: \_\_\_\_\_  
Type of service: \_\_\_\_\_
4. Name / Address: \_\_\_\_\_  
Type of service: \_\_\_\_\_

B. Attach a copy of contract(s) with charitable organizations soliciting from or within Tennessee, signed by two (2) officials of the charitable organization and one (1) officer of your company.

6. Are any individuals, partners, officers, directors, or managing agents affiliated with, controlled by, or have control over, either directly or indirectly, any nonprofit organization listed in #5 above? Yes \_\_\_\_ No \_\_\_\_  
If yes, list the name of the individual / partner / officer and the controlled organization.

7. List the other states where applicant is registered: \_\_\_\_\_

8. A. Has the applicant: (1) had any license, registration, or permit revoked or denied or (2) been enjoined or prohibited from soliciting contributions? If "yes", describe the action, date, and place of the action:

\_\_\_\_\_

9. Disclose any civil administrative or other legal action filed against applicant pursuant to any State or local charitable solicitations act, including the complete case style, summary, and disposition of the action:

\_\_\_\_\_

I certify that the above statements and all continuation sheets are true and accurate.

\_\_\_\_\_  
Signature of Owner / Authorized Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Notary Seal**

Sworn to and Subscribed before me at:

\_\_\_\_\_  
City / State

This \_\_\_\_\_ day of \_\_\_\_\_, 200

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_